

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2335

1. PLACE OF DEATH

County Monroe
Township Monroe
City Barnett (No. 2)

Registration District No. 597
Primary Registration District No. 2792

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 - 1936</u>		
7. AGE YEARS	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Barnett Mo
(STATE OR COUNTRY)

13. NAME Herbert Ronton

14. BIRTHPLACE (CITY OR TOWN) Barnett Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Larue Croase

16. BIRTHPLACE (CITY OR TOWN) Barnett Mo
(STATE OR COUNTRY)

17. INFORMANT Herbert Ronton
(ADDRESS) Barnett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER Carl Gowan
(ADDRESS) Barnett Mo

20. FILED Dec 24, 1936 W E Cullison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive stillborn Dec 24, 1936 Death is said to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

stillbirth.

Reason not known
spontaneous Birth.

Other contributory causes of importance:

Name of operation ✓ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. O. Shelton, M. D.

(Address) Eldon Mo.

